

CASE 1:15-CV-00093-KG-LF

FILED

UNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

JAN 28 2016

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

MATTHEW J. DYKMAN
ELEHR

PROSE
MIGUEL LUJAN
PLAINTIFF.

v.

Case No. 1:15-CV-00093-KG-LF

CITY OF ESPAÑOLA, ESPAÑOLA POLICE
DEPARTMENT, OFFICER LUGINBUHL,
and OFFICER MARTINEZ,
DEFENDANTS.

REDACTED

PLAINTIFF'S RESPONSE TO MARTINEZ REPORT

Comes now, Plaintiff is incarcerated at the
Guadalupe County Correctional Facility by and is
responding to the Martinez Report.

I. INTRODUCTION

Plaintiff is incarcerated and in fact does
understand the reason for the Española City Police to
have stopped Plaintiff the night of his hospitalization
beginning April 13, 2014 until April 28, 2014.

Plaintiff did in fact take a global plea of
breaking and entering and was walking down Calle
Vigil when officers stopped him. Not lying in the
middle of street like they claim. At that point is
when Officer Luginbuhl, who was fired from his police
duties for shooting at his own co workers did feel
I get tazed even with my hands up in the air.

Plaintiff feels the defendants could have

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APPROACHED HIM DIFFERENTLY AND FOLLOWED
 THEIR PROPER PROCEDURES WHICH WOULD OF TURNED OUT
 DIFFERENTLY. THE LAST THING PLAINTIFF REMEMBERS
 FROM THAT NIGHT WAS THE POLICE OFFICERS ASKING
 PLAINTIFF TO PUT UP HANDS AND BOTH OFFICER
 LUGINBUTH AND MARTINEZ HAD BOTH SPOT LIGHTS
 AND HOOD CHERRY LIGHTS ON PLAINTIFF AT THE TIME
 PLAINTIFF HAD HIS HANDS IN THE AIR.

SEE PARAMEDIC REPORT STATES PARAMEDIC'S
 did INFACT TAKE ELECTRODES OUT FROM MY LEFT ARM AND
 RIGHT
 LEFT HIP NOT AROUND LEFT ELBOW AND BUTTOCKS circled.

READING BOTH POLICE REPORTS OFFICERS
 ADMIT TO TAZING PLAINTIFF WHILE BEING HAND
 CUFFED TO THE BACK AND OFFICER MARTINEZ STATES
 HE KNEED PLAINTIFF IN THE ABDOMEN FOR THE
 REASON PLAINTIFF TENSED UP AFTER BEING TADED
 IN THE CHEST AREA.

ALTOGETHER ON THE POLICE REPORTS
 THEY ADMIT TO HAVING TADED PLAINTIFF SIX
 TIMES. TWICE BEFORE HANDCUFFING PLAINTIFF AND
 THREE AFTER HANDCUFFING PLAINTIFF AND THE ONE TIME
 OFFICER MARTINEZ STATES HE SEES LUGINBUTH TAZE
 PLAINTIFF IN THE CHEST AREA. SIX TIMES ON REPORTS.

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THE ORDER TO FILE A MARTINEZ REPORT WAS TO INVESTIGATE THE INCIDENT WHICH HAPPENED THE DAY PLAINTIFFS HOSPITALIZATION.

TO GET MEDICAL RECORDS WHICH DEFENDANTS HAVE NOT YET PROVIDED TO PROVIDE VIDEO OF APRIL 3, 2014 WHICH DEFENDANTS HAVE NOT PROVIDED FOURTH.

FROM THE LOOKS OF THE DEFENDANTS MARTINEZ REPORT IT IS ALL OF PLAINTIFFS CRIMINAL HISTORY WHICH WOULD BE RELEVANT TO THIS CASE.

PLAINTIFF IS NOW INVOLVED IN MENTAL HEALTH DO TO THE TASERING THAT WAS APPLIED ON PLAINTIFF AND IS RESULTING IN PHYSICAL AND EMOTIONAL INJURIES. PLAINTIFF WAS DIAGNOSED WITH PTSD AND DEPRESSION DO TO INCIDENT ON APRIL 3, 2014.

PLAINTIFF TRIED TO GET IT IN WRITING TO SHOW THE COURTS THAT PLAINTIFF HAS BEEN MENTALLY EFFECTED BY ALL THE TASERING THAT WAS APPLIED BUT THE FACILITY DID NOT WANT TO GIVE THAT INFORMATION OUT TO PLAINTIFF AND WOULD NEED TO GET A ATTORNEY TO REQUEST THAT INFORMATION.

THE PLAINTIFF DOES IN FACT UNDERSTAND

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THAT WHAT HE WAS DOING IN THE ACT OF ALL THIS WAS NOT WHAT HE WAS SUPPOSED TO BE DOING AND IS COMPLEATING THE REMAINDER OF HIS SENTENCE AT THIS TIME. THE PLAINTIFF DOES NOT FEEL GOING BACK TO THE VALLEY WOULD BE THE RIGHT CHOICE FOR HIM SO HE WILL BE MOVING TO ALBUQUERQUE AS SOON AS HIS RELEASE DATE COMES FORTH.

PLAINTIFF IS SCARED TO RETURN BACK TO THE VALLEY AND BELIEVES DEFENDANTS WOULD WANT HIM DEAD OR INCARCERATED FOR THE REMAINING DAYES OF HIS LIFE.

OVERALL PLAINTIFF DOES FEEL THAT DEFENDANTS DO KNOW THAT AT SOME POINT THEY DID CROSS THE LINE BY USING EXCIVE FOURSE FOR THE FACT THAT THEY DID ALREADY TRY TO MAKE AN OFFER TO SETTLE OUT OF COURT. SO WITH ALL DO RESPECT TO THE COURT PLAINTIFF ASKES THE COURT TO NOT JUDGE PLAINTIFF BY HIS PAST MISTAKES AND WITH ALL DO RESPECT PLAINTIFF THANKS THE COURT FOR GIVING HIM THE OPPERTUITY OF PRESENTING PLAINTIFFS CASE AND THANKS THE COURT FOR THIER TIME.

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT ON THE 25th day
OF JANUARY, 2016, THE FOREGOING PLAINTIFFS
RESPONCE TO DEFENDANTS MARTINEZ REPORT
WAS MAILED OUT BY MAIL TO DEFENDANTS:
ADDRESS:

MARK A. BASHAM

STEPHEN C. ROSS

2205 MIGUEL CHAVEZ, SUITE A
SANTA FE NEW MEXICO 87505

ATTORNEYS FOR DEFENDANTS

RESPECTFULLY

SUBMITTED

2-25-16
PROJE.

MIGUEL LITAN

66946

Miguel Litan

C/o Guadalupe Corrections
P.O. Box 520
Santa Rosa, NM
88435

BASHAM & BASHAM, P.C.
ATTORNEYS AT LAW

November 10, 2015

LEGAL MAIL

Miguel Lujan, #66946
Unit H-2A-106
Guadalupe County Correction Facility
P.O. Box 520
Santa Rosa, NM 88435

Re: **CONFIDENTIAL SETTLEMENT OFFER PURSUANT TO RULE 11-504**
Case No. 15-CV-93 SCY/KK Miguel Lujan v. City of Espanola et al.

Dear Mr. Lujan:

I am writing to offer to settle all your claims against all the defendants in the case listed above. I am an attorney and represent all the defendants. We are offering to pay you \$1,000.00 to settle this lawsuit. If you agree to this offer you can call or write me and I will prepare legal documents to have the case dismissed and have us each waive and release all our claims against one another.

Please note that I am the attorney on the other side of this case so you may wish to consult with someone serving your interests regarding this offer. I am aware that you have sought legal counsel and have not obtained legal counsel thus far. I am dealing with you directly because you have no legal counsel. If you get an attorney to represent you please let me know.

My contact information is on the bottom of this letter. My direct phone line is (505) 988-4575 x106. My e-mail is pdwyer@bbpcnm.com

Sincerely



Peter A. Dwyer

FINAL

Patient Care Report

Espanola Hospital

1010 SPRUCE ST
ESPAÑOLA, NM 87532-2241
(505) 753-1376 Ext

Run Number: 1076

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

CREW INFO

Vehicle: M1
 Crew #: Leimer, Van
 Crew #1 Level: EMT-Paramedic
 Crew #2: Smith, James
 Crew #2 Level: EMT-Paramedic

Doc'd By: Leimer, Van
 Assisted By:

Call Type:	Outcome:	DISPOSITION	TIME
Resp Priority: Priority 1 City Resp Charge: Priority 1 City	Treated, Tx by EMS Trans. Priority:	Transport Mileage: 0.2 Cond at Dest: Improved	Recv'd: 01:01 04-03-14 Dispatch: 01:01 04-03-14 En route: 01:03 04-03-14
Nature Of Call: E30 Traumatic Injuries Call Taken by: Resp. white	Level of care:	Pt. Transported: Supine - Main Stretcher Dest. Reason: Protocol	At scene: 01:11 04-03-14 At patient: 01:23 04-03-14 Transport: 01:32 04-03-14
# of Patients: 1	Location:	Destination: Espanola Presbyterian Hospital Dept: ER 1010 SPRUCE ST ESPAÑOLA, NM 875322746	At dest: 01:35 04-03-14 Trans. of Care: 01:36 04-03-14 In service: 02:00 04-03-14

Name: Miguel Lujan

Phone: (505) 316-3623

Home Country: United States

SSN: 000-00-0000

DOB:

Billing Addr.: PO BOX 2008

Sex: Male

Weight: 125 lbs (56.71 kgs)

ESPAÑOLA, RIO ARRIBA, NM 87532

PCP:

Specialist:

Workman Comp. Info:

INSURANCE

Company:

Group #:

Code:

Certificates Med Rec'd:

Ambulance Transport in Last 24 Hours: No

no insurance information entered

Chief Complaint

Trauma - Other(Primary)

PATIENT COMPLAINTS

Past Medical History

Unknown

Allergies

Unknown

Medications

Unknown -

HISTORY

ETOH/Drug use:

ASSESSMENT

FINAL

Patient Care Report

Espanola Hospital

1010 SPRUCE ST
ESPAÑOLA, NM 87532-2724
(505) 763-1578 Ext.

EMS Agency Number:

Run Number: 1075

Date of Service: 04/03/2014
Patient Name: Miguel Lujan

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Completely Obstructed; Patent - Adjunct in Place	Blood/Fluid Loss	<100 ML
Head	Trauma - Bleeding Controlled; Trauma - Bruising	Face	Trauma - Abrasion; Trauma - Bleeding Controlled
Left Ear	Trauma - Hematoma	Right Ear	No Obvious Abnormalities
Left Eye	Trauma - Abrasion	Right Eye	No Obvious Abnormalities
Nose	Trauma - Bruising	Neck	Trauma - Bruising
Trachea	No Obvious Abnormalities	Chest	No Obvious Abnormalities with Equal Rise and Fall
Abdomen	No Obvious Abnormalities	Back - Upper	No Obvious Abnormalities
Back - Lower	No Obvious Abnormalities	Pelvis	No Obvious Abnormalities or Asymmetry
Upper Left Arm	No Obvious Deformities or Other Abnormalities	Upper Right Arm	No Obvious Deformities or Other Abnormalities
Lower Left Arm	No Obvious Deformities or Other Abnormalities	Lower Right Arm	Trauma - Laceration
Left Hand	Trauma - Abrasion	Right Hand	Trauma - Abrasion
Upper Left Leg	No Obvious Deformities or Other Abnormalities	Upper Right Leg	Trauma - Laceration
Lower Left Leg	No Obvious Deformities or Other Abnormalities	Lower Right Leg	No Obvious Deformities or Other Abnormalities
Left Foot	No Obvious Deformities or Other Abnormalities	Right Foot	No Obvious Deformities or Abnormalities
Mental Status	Decreased LOR	Nervous System	Unable to Evaluate
Throat/Mouth	No Obvious Abnormalities		

Primary Impression: Cardiac Arrest*
Secondary Impression: Mental-Unresponsive*

Trauma

Fall of 1-6 Feet

Cause of Injury

Electrocution (Non-Lightning)

Injury Intent type

Intentional, other

TRAUMA

Category(All Trauma!!) - Category 1 Electrical Shock //

Falls

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SpO2	EtCO2	Glucose	GCS
04/3/2014 1:29	No	0	0, Absent, Palpate <None> c	0	Absent, Irregular	96%			E1 + V1 + M1 = 3

Skin Temp=Normal Skin Color=Cyanotic Skin Moisure=Normal Lung Sounds Left=Normal - Non-Reactive; Lung Sounds Right=Normal - Non-Reactive; Cap. Refill=Delayed Right=Absent Pupil Reacts: Left=Absent, Right=Absent Level of Consciousness: U - Unresponsive;

Taken by: Leimer, Van

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Authorized by	Comments
01:29	No	Naioxone (Narcan)	Leimer, Van		Complication None Dosage=2 mg Route=IN Response=No change

FINAL

Patient Care Report

Espanola Hospital

1010 SPRUCE ST
ESPAÑOLA, NM, 87532-2724
(505) 753-1576 Ext

Run Number: 1076

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

INFORMATION SUMMARY CONTINUED

Time	PTA	Treatment	Who performed	Authorized by	Comments
01:29	No	CPR	Leimer, Van		
		<u>Complication</u>		<u>Complication Narrative</u>	
		None			
		Method=Two Hands		Result=Pulse with CPR	Comp/Vent Ratio=Initiated 30:2
01:29	No	BVM	Smith, James		
		<u>Complication</u>		<u>Complication Narrative</u>	
		None			
		Ventilatory Rate=12/min		C2 Flow=15 lpm	Bag Compliance=Chest Rise - Bilateral
		Response=Cardiovascular Status Improved			
01:29	No	NPA	Smith, James		
		<u>Complication</u>		<u>Complication Narrative</u>	
		None			
		Attempts=1		Success=Successful	Size=30 Fr.
		Nare Prep=KY Jelly		Site=L Nare	Response=Airway improved
01:33	No	Naloxone (Narcan)	Smith, James		
		<u>Complication</u>		<u>Complication Narrative</u>	
		None			
		Dosage=2 mg		Route=IN	Response=No change

FINAL

Patient Care Report

Espanola Hospital

1010 SPRUCE ST
ESPAÑOLA, NM 87530-22724
(505) 753-1576 Ext

Run Number: 1078

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

NARRATIVE

D- M1 and EFD dispatched to M subject who was tasered by EPD @ 1710 W. Bond St., U/A found Officer Jose Martinez in home that directed EMS and EFD to street 1 block over Calle Vigil. EMS enroute with fire to pt. that had been tased was awake and alert and being detained by EPD on scene. EFD C-U/A found 26 y/o M pt. laying on his back supine with Officer David Luginbuhl standing beside pt. Officer reports that pt. had attempted to evade officer by running and pt. was tased. Pt. initially had no complaints other than he wanted to go home. HPI Pt. was picked up earlier in the evening by EMS @ Triple S gas station. Pt. was running from unknown people when EMS picked up pt. Pt. was assessed and taken to EVH ER. Pt. at this time reportedly had injuries from breaking into a home at 1710 W. Bond St. and that is why police were called and on scene.

A- see report

M- see report

PMHX- see report

L- UNK

E- Pt. stated, "I have been high for days and drinking whiskey!" When pt. was rolled onto side he questioned EMS about breaking his whiskey bottle. A- Pt. is covered in grass and dirt. Pt. is lying supine and sits up when asked. Pt. is answering questions but being argumentative. Pt. becomes very agitated when EPD places pt. in handcuffs and begins screaming, yelling and very combative with EPD so assessment is delayed. Rx- U/A pt. is not handcuffed and Officer Luginbuhl is standing with a taser in his hand and pt. has electrodes on R hip and L arm. EMTP Leimer and for prescreen prior to entering jail. Officers handcuff pt. who becomes very combative and begins screaming, yelling, and fighting with officers. EPD officers attempt to place pt. in back seat of squad car and pt. will not allow and is screaming for his girlfriend. Pt. attempts to run from officers and escapes when EMTP Leimer catches pt. by the handcuffs. Pt. is turned and taken down on the hood of the EPD squad car. Pt. is very violent, screaming, fighting, and yelling for his girlfriend that they are taking him to jail. Girlfriend arrives while EMS watches and EPD attempts to place pt. in back of squad car again. Girlfriend approaches EPD and EPD officers advise her to step back. EMTP Smith begins talking to girlfriend to distract her and gather pt. information. EPD gets pt. into car and pt. slides across the back seat and out the drivers side back seat of car. Officer Martinez catches pt. and with momentum of pt. coming out of the back of the car attempts to subdue pt. to the ground where pt. hits his face and head. Officers restrain pt. to the ground at this point and pt. is still fighting and being very combative with officers. Officers have one knee on pt. back and one officer holding pt. legs to prevent him from kicking. Pt. is still talking and EPD calls for jail transport van to come get pt. from scene. Pt. slowly becomes less combative and breathing slows. EMTP Leimer approaches and notices pt. breathing has slowed and asks officers to roll pt. on his side. Pt. is unresponsive at this time and EMTP Leimer asks EMTP Smith to bring gurney. Pt. is loaded onto gurney and placed in M1. Pt. appears apneic and carotid pulse is taken with no pulse being felt by EMTP Leimer. EMTP Leimer grabs narcan and administers 2mg narcan via IN. EMTP Smith checks and confirms no pulse and EMTP this time. EMTP Leimer continues CPR and EMTP Smith grabs BVM and begins bagging the pt. EMTP Smith checks for gag reflex and appears intact. EMTP Smith grabs NPA and places in pt. L nare and continues bagging pt. Officer Luginbuhl opens door and asks if he can drive M1 to EVH ER. EMS responds yes and transport begins. EVH ER is approx. 2 miles away.

Tx- Enroute EMTP Leimer continues CPR throughout transport. EMTP Smith continues bagging pt. with High flow O₂ pausing to administer another 2mg of narcan via IN. EMTP Smith gives quick radio report to alert EVH ER of pt. condition and continues bagging immediately. M1 arrives @ EVH ER and pt. has a pulse and very slow breathing. Pt. is moved into trauma Rm. A and pt. report is given to Dr. Connaughton. EVH ER staff take care of pt. EMS stays to help with pt. care. Once pt. is stabilized EMS cleans M1 and returns to service.

MISCELLANEOUS

Police Officer:

PD Case Number:

Protective equip used

Gloves

FINAL

Patient Care Report

Espanola Hospital

1010 SPRUCE ST

ESPAÑOLA, NM 87530-2124

(505) 753-1578 Ext.

Run Number: 1078

Date of Service: 04/03/2014

Patient Name: Miguel Lujan

EMS Agency Number:

SIGNATURES			
Time	Type	Who signed	Why patient did not sign
04/03/2014 04:01	EVEEMS Billing Signature	Relative - Sanchez, Amanda	GCS <15
ASSIGNMENT OF BENEFITS AUTHORIZATION, RESPONSIBILITY FOR PAYMENT, BILLING AUTHORIZATION, AND ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES. I understand that I am financially responsible for the services provided to me by Espanola Valley EMS (EVEEMS) regardless of insurance coverage. I request that payment of services provided to me by EVEEMS be made on my behalf to EVEEMS for any authorized Medicare or other insurance benefits or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to EVEEMS and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by EVEEMS, now or in the future. I agree to immediately remit to EVEEMS any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to Espanola Valley EMS. I also acknowledge that I have received a copy of the Espanola Valley EMS Notice of Privacy Practices. A copy of this form is as valid as the original. I believe (as a prudent lay person) that emergency ambulance transportation is necessary.			
04/03/2014 04:03	Receiving Facility Confirmation	Medical Staff - Martinez, Jennifer	<Not applicable>

I certify that the above named patient was received by our facility on the date and time set forth above.

X 

Start Date/Time: 04/01/2014 12:39

CREW INFORMATION

Crew # Name
E68 Leimer, Van

Crew # Name
E70 Smith, James

X 

X 

I.C.U report

VENTILATOR FLOW SHEET



Nurse Flowsheets

DATE / TIME		4/4/14 3:50	0525 0550 0600 0630 0700	1205 1210 1215 1220 1225	1120 1125	Nurse Flowsheets	
MONITOR	HR	67	54	61	56	63	71
	SpO ₂	93	97	95	98	97	97
	SyO ₂ / BP	1205 1210 1215 1220 1225	1205 1210 1215 1220 1225	1120 1125			
	Mode	SIMV SIMV		BPV	PRV	PRV	
	V _i Set / PIP	45G 45U					
	V _e Return	44G 45U					
	Rate Set	15	16	17	16	16	16
	Rate-Totals	17	17	17	16	16	25
	Peak Flow	70	70				
	Sensitivity	3.0	3.0				
	Pressure						
	Flow by						
	FiO ₂	35	35	35	35	35	40
	PEEP	5	5				
	Pressure Suct	10	10				
	P.S. Return	523	474				
	I:Time	0.90	0.90				
	MAP	91	9.5				
	Peak Pressure	24	23				
	Plateau Pressure						
Static Comp.							
Dynamic Comp.							
I:E Ratio	1.3	1.3	1				
Minute Volume	84	7.52					
H ₂ O ✓ / Drain	Time	Time					
Temperature							
Acneia Param	20	20					
High Pres Limit	40	40					
Low PEEP	✓ 2	✓ 2	✓ 2	✓ 2	✓ 2		
Low Exhaled Vc!	✓ 250	✓ 250	✓ 250	✓ 250	✓ 250		
High Resp Rate	✓ 40	✓ 40	✓ 40	✓ 40	✓ 40		
Suction							
Tube Care							
Cuff Pressure							
Breath Sounds							
Treatment							
Time / pH							
PCO ₂							
PO ₂							
HCO ₃							
SaO ₂							
ETCO ₂							
Average VT							
Resp Rate (f)							
Vital Capacity							
NIF							
Therapist	4/4/14 05:05 05:05 05:05						
<input type="checkbox"/> Gas flow and Alarms to Ventilator tested prior to set-up on Patient (Initials)						<input type="checkbox"/> Safety Sticker Current	
Breath Sounds: cr = crackles, rh = rhonchi, wh = wheeze, cl = clear							

Gas flow and Alarms to Ventilator tested prior to set-up on Patient (initials)

Safety Sticker Current

Ordering Physician:	Macayana	Diagnosis:
Ventilator Make:	Siemens	Unit:
Legal Signatures:	E. B. RRT	
ETT Holder:	Zulema B. Molina	
Tube Size / Placement:	7.5 ETT	Date Change:

PATIENT INFORMATICS

LUJAN, MIGUEL
012151439-4093 04/03/14
[REDACTED] 26Y/M
LAKSHMI-NARAYANAN, S, ATN.
[REDACTED] 000151439

PRESBYTERIAN

VENTILATOR FLOW SHEET



Nurse Flowsheets

DATE / TIME		4/3/14	2050	2305		
MONITOR	HR	74	65			
	SaO ₂	93	94			
	SvO ₂ / BP	119 / 93	34 / 90			
	Mode	SimV	SimV			
	Vt Set / PIP	450	450			
	V _i Return	453	517			
	Rate Set	15	15			
	Rate - Total	20	19			
	Peak Flow	70	70			
	Sensitivity	3.0	3.0			
VENT SETTINGS	Pressure	7	7			
	Flow by					
	FiO ₂	.35	.35			
	PEEP	.5	.5			
	Pressure Sust	10	10			
	P.S. Return	14.5	14.5			
	I:Time	9:3	9:0			
	MAP	35.9	35.9			
	Peak Pressure	22	21			
	Plateau Pressure	14				
	Static Comp.	6.1				
	Dynamic Comp.					
	I:E Ratio	1.34	1.55			
	Minute Volume	411	5108			
	H ₂ O ✓ / Drain	Time	Time			
	Temperature					
ALARMS	Apnea Param	0.1	0.1			
	High Press Limit	40	40			
	Low-PEEP	210	250			
	Low Exhaled Vcl	250	350			
	High Reso Rate	40	40			
	Suction	7	7			
	Tube Care	5 min	5 min			
	Cuff Pressure					
	Breath Sounds	begin				
	Treatment					
	Time / pH					
BLOOD GASES	PCO ₂					
	PO ₂					
	HCO ₃					
	SaO ₂					
WEANING	ETCO ₂					
	Average V _i					
	Reso Rate (f)					
	Vital Capacity					
	NIF					
	Therapist	CP	CP			
	<input type="checkbox"/> Gas flow and Alarms to Ventilator tested prior to set-up on Patient (initials)					
	Breath Sounds: cr = crackles, rh = rhonchi, wh = wheeze, cl = clear					
	<input type="checkbox"/> Safety Sticker Current					

Gas flow and Alarms to Ventilator Tested prior to set-up on Patient (initials)

Safety Sticker Current

Ordering Physician: <u>Krayenb</u>		Diagnosis:
Ventilator Make: <u>S40</u>		Unit:
Legal Signatures: <u>D. Bum RRT</u>		
ETT Holder: <u>ZTC Backmolar</u>		
Tube Size / Placement: <u>7.5 ETT</u>		Date Change:

PATIENT IDENTIFICATION

LUJAN, MIGUEL
012151439-4093

84/03/24

268/04

LAKSHMI-NARAYANAN, S 26Y/1

MR. NARAYANAN, S.

000151439

300 : 31-33

000151439

300 : 31-33

A PRESBYTERIAN

VENTILATOR FLOW SHEET

Nurse Flowsheets

DATE / TIME 04/03/14		0630	0740	0840	0940	0550	0610	0730	0930	1140	1340	1545	1730
MONITOR	HR	114	99	99	99	99	99	99	99	99	99	99	97
	Spo ₂	100	100	100	100	100	100	100	100	100	100	100	96
	SvO ₂ / BP	99	99	99	99	99	99	99	99	99	99	99	96
	Mode	SIMV	SIMV										
	V _i Set / PIP	450	450	450	450	450	450	450	450	450	450	450	450
	V _i Return	490	490	490	490	490	490	490	490	490	490	490	490
	Rate Set	15	15	15	15	15	15	15	15	15	15	15	15
	Rate - Total	19	19	19	19	19	19	19	19	19	19	19	19
	Peak Flow	605	605	605	605	605	605	605	605	605	605	605	605
	Sensitivity	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
	Pressure	1	1	1	1	1	1	1	1	1	1	1	1
	Flow by	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	FiO ₂	1.00	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
	PEEP	10	10	10	10	10	10	10	10	10	10	10	10
	Pressure Supl	10	10	10	10	10	10	10	10	10	10	10	10
	P/S Return	3:1	2:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1	1:1
	Time	1	1	1	1	1	1	1	1	1	1	1	1
	MAP	9.5	9.5	9.5	9.5	9.5	9.5	9.5	9.5	9.5	9.5	9.5	9.5
	Peak Pressure	23	23	23	23	23	23	23	23	23	23	23	23
	Plateau Pressure	12	12	12	12	12	12	12	12	12	12	12	12
Static Comp.	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	
Dynamic Comp.													
I:E Ratio	1:1.3:1	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	1:1.3	
Minute Volume	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	
H ₂ O / Drain	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	0.44	
Temperature	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	97.6	
Apnea Param													
High Pres Limit	205	205	205	205	205	205	205	205	205	205	205	205	
Low PEEP	10	10	10	10	10	10	10	10	10	10	10	10	
Low Exhaled Vol	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	
High Resp Rate	25	25	25	25	25	25	25	25	25	25	25	25	
Suction	40	40	40	40	40	40	40	40	40	40	40	40	
Tube Care	cr	cr	cr	cr	cr	cr	cr	cr	cr	cr	cr	cr	
Cuff Pressure	28	28	28	28	28	28	28	28	28	28	28	28	
Breath Sounds	cr	cr	cr	cr	cr	cr	cr	cr	cr	cr	cr	cr	
Treatment	15ml	15ml	15ml	15ml	15ml	15ml	15ml	15ml	15ml	15ml	15ml	15ml	
Time / pH	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	
PCO ₂													
PO ₂													
HCO ₃													
SaO ₂													
ETCO ₂	20	20	20	20	20	20	20	20	20	20	20	20	
Average V _t	20	20	20	20	20	20	20	20	20	20	20	20	
Resp Rate (f)	15	15	15	15	15	15	15	15	15	15	15	15	
Vital Capacity													
NIF													
Therapist	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	LUJAN, MIGUEL	
<input type="checkbox"/> Gas flow and Alarms to Ventilator tested prior to set-up on Patient (initials) <input checked="" type="checkbox"/> Safety Sticker Current													
Breath Sounds: cr = crackles, rh = rhonchi, wh = wheezes, cl = clear													

Ordering Physician: CONNAUGHTON	Diagnosis:
Ventilator Make: 840	Unit: E10 B-7229
Legal Signatures: L. Wieseman RRT / M. P. M. RRT	
ETT Holder: tape	
Tube Size / Placement: 7.5 21 back	Date Change: 04/1
mcen	

PATIENT IDENTIFICATION

LUJAN, MIGUEL
012151439-409304/03/14
26Y/M

CONNAUGHTON, KAREN, ATN.

000151439

PRESBYTERIAN

▲ PRESBYTERIAN

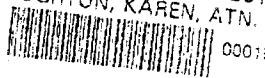
Date / Time	DAY SHIFT
4/3/14 03:00	<u>cont care</u>
Date / Time	NIGHT SHIFT
4/3/14 02:15	01:37 arrived to ED - Bagged - <u>Wesemann</u> Pt intubated, ET 7.5, 21 at back, mask 23 at front teeth, BS Breu Placed on vent, ET cr in place <u>Wesemann</u>
03:00	transpat to CT - Bagged during transport and soon <u>Wesemann</u>
03:40	return pt to vent, same settings, Tetra FO, Flow <u>Wesemann</u>
05:30	Pt off vent for transport to floor <u>Wesemann</u>
06:10	Return to vent - Propofol 50 mg/kg/min, Fentanyl 100 - <u>Wesemann</u> Pt Restrained NIBP 450 - Vent plugged to Red outlet, Wheels locked ambu bag set besides connected to floor, oxygen and <u>Wesemann</u>

LUJAN, MIGUEL
012151439-4093

CONNAUGHTON, KAREN, ATN.

04/03/14
26Y/M

000151439



Ventilator Notes

RESPIRATORY CARE TREATMENT



Nurse Notes

Nursing Notes									
TIME	PULSE	1	2	3	4	5	6	7	8
16:09	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									
TIME	PULSE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
	RESPIRATION RATE	1	2	3	4	5	6	7	8
	NA	NA	NA	NA	NA	NA	NA	NA	NA
HHN PD.	ASSESSMENT								
IS PULSE-OX									
USN IPPB									
SPUTUM - IND									

PATIENT IDENTIFICATION	TODAY'S DATE
------------------------	--------------

COMMENTS

2509

PRESBYTERIAN

JU LIAN MIGITA

ESJAN, MIGUEL
012151438-4283

012151439-4093

CONNALIGHTON, KAREN A. 26

24/03/14

04/03:
36x/83

CONNAUGHTON, KAREN ATN 26

UGHTON, KAREN, ATN.

CHART COPY

RESPIRATORY CARE TREATMENT



Nurse Notes

PATIENT IDENTIFICATION

TODAY'S DATE 4/5/14

COMMENTS:

LUJAN, MIGUEL
012151439-4093

04/03/14

26Y/M

LAKSHMI-NARAYANAN S ATN 26Y

000151438



2529

RESPIRATORY CARE TREATMENT



Nurse Notes

PATIENT IDENTIFICATION

TODAY'S DATE

COMMENTS

LUJAN, MIGUEL
012151439-4093

04/03/14
26Y/M

012151439 26Y/M
LAKSHMI-NARAYANAN, S. ATN. 000151439

PRESBYTERIAN

2529

RESPIRATORY CARE TREATMENT



Nurse Notes

TIME	PULSE			MEDICATIONS			DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND	THERAPIST			
	NA	12	NA	3	NA	ml																NA	NA	NA
0137	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	Pt arrived in ER - On APB - CPR in progress on.																							
	SpO2 98%, Pt bagged. Respiratory bag. Returned to ER.																							
0210	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	RESPIRATION RATE						On 840 settings	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	Pt intubated, Bagged EtCO2 in place, HME, Barts.																							
	Respir 840 SIMV U 4450 R15 FiO2 100% Repts PSIC																							
0250	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
0340	NA	12	NA	3	NA	ml	NA	IS INSTRUCT																
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	Pt off vent, transport to CT - Bagged during																							
	transport and scan SVA 100% MR 10-118																							
0550	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	Transfer pt to ICU																							
0610	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	Pt Returned to vent - SIMV U 4450 R15 Repts																							
	PS10 FiO2 65% + 50%																							
1140	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
1730	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA	NA							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	FiO2 35%, settings stated on vent																							
	Sheet																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA	NA	NA	NA	NA			
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA	NA								
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA	NA	NA					
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA						
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA	NA									
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA									
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA									
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml	NA	NA	NA	NA	NA	NA	NA	NA	NA									
	RESPIRATION RATE						IS INSTRUCT																	
	NA	12	NA	3	NA	ml	NA	PRED TV	ACTUAL TV	NA	NA	NA	NA	NA										
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	ABG drawn - sent to lab																							
	MDBrenero																							
	HHR PD.	ASSESSMENT	IS PULSE-OX	USN IPPB	SPUTUM-IND																			
	PULSE	MEDICATIONS					DURATION	AIR LPM	O2 LPM	COUGH	NA	SPUTUM	TYPE	COLOR	AMOUNT	NA	NA							
	NA	12	NA	3	NA	ml																		

PRESBYTERIAN
Healthcare Services

LUJAN, MIGUEL

Discharge Summary

MRN: 000151439
Admit: 04/03/2014
Discharge: 04/07/2014

DOB: [REDACTED] GENDER: M

Dictation ID
1331352

Report of: SAL LAKSHMI-NARAYANAN, MD

FINAL DIAGNOSES:

- 1. Status post cardiac arrest, status post tased by the police, acute respiratory failure -- resolved.
- 2. Polysubstance abuse with urine drug screen showing methamphetamine, amphetamine, buprenorphine, cocaine, etc., and substance overdose.
- 3. Underlying hepatitis C disease.
- 4. Acute rhabdomyolysis, much improved.
- 5. Superficial palmar injuries, improving.
- 6. Acute renal failure and acute lactic acidosis at admission -- resolved.
- 7. Underlying alcohol abuse.

* Mr. Lujan is a 26-year-old gentleman with history of alcohol abuse, polysubstance abuse. He was hospitalized on April 3, 2014, after history of being tased by the police from available history. Also, polysubstance overdose, cardiac arrest, and acute respiratory failure, etc. Please see detailed history and physical for further details. He was on the ventilator support for a day or so. He was successfully extubated. In the hospital, we found that he had acute rhabdomyolysis. He was on appropriate treatment with intravenous fluids, bicarbonate drip, etc. He has improved very well. His latest CK is 377 slightly elevated, and at one time it was speaking around 3,666. He had acute renal failure at admission with a creatinine of 1.99. At discharge it was 0.73. His admission alcohol level was high at 155 mg percent.

He has nasal bone fracture from the available data. He is hepatitis C positive. He had acute renal failure, lactic acidosis which has resolved. His AB serology was negative and hepatitis C serology was positive. TSH was normal at 0.91. Troponins are nonspecific at 0.086. These are status post cardiac arrest values, but his echocardiogram showed normal ejection fraction 65% to 69% with normal left ventricular wall motion.

He had elevated liver function test and ultrasound of the gallbladder showed normal gallbladder and a fatty liver. CT scan of the abdomen and pelvis with contrast showed no evidence of any acute injury in the abdomen or pelvis. CT scan of the maxillofacial area shows some nasal bone fractures with overlying soft tissue swelling, an absent right medial maxillary incisor. CT scan of the head shows no evidence of any acute intracranial injury and CT scan of cervical spine showed no major problems. His EKG in the hospital showed sinus bradycardia without any major acute changes.

Overall, clinically he has done very well. His x-ray of the left hand showed no fracture, no substantial radiopaque foreign body. He was seen by the surgical team for trauma evaluation as well when he was in the hospital.

Clinically, he has improved. He is okay to be discharged today and continued care as an outpatient. His CK is down to 377, slightly elevated but greatly improved from the previous values. CBC is also showing normal WBC count from what he was at admission. Clinically, he has improved. He is ambulating in the med/surg floor very well, eating fine, hemodynamically stable, okay to be

discharged and continued care as an outpatient.

PHYSICAL EXAMINATION:

VITAL SIGNS: At the time of discharge, his blood pressure is 120/50 with a heart rate of 53 a minute, respiration is 18 a minute, saturation 90% on room air, afebrile.

GENERAL: He looks comfortable, at rest on general examination.

HEENT: No acute findings.

NECK: Neck is supple.

CHEST: Normal symmetrical expansion bilaterally of chest. No use of accessory muscles of respiration. Normal vesicular breathing bilaterally heard. No adventitious sounds. No palpable tenderness on chest wall on percussion, resonance bilaterally heard.

CARDIOVASCULAR: S1 and S2 are normal, no murmur, no pedal edema, no swelling or tenderness in the calf region in the legs.

ABDOMEN: Soft and nontender.

EXTREMITIES: No cyanosis or clubbing.

CENTRAL NERVOUS SYSTEM: Alert and awake, oriented to time, place and person. Normal mood.

His injuries in both palms are very tiny and they are healing.

DISCHARGE INSTRUCTIONS:

Discharge patient home today. Discontinue hep-lock, IV fluids, all lines, catheters, telemetry, oxygen on discharge. He will follow up with his primary care provider at El Centro Family Health Care in 1 or 2 days. Follow up with Dr. Dooley or associate gastroenterology in Santa Fe in 2 or 3 weeks for his hepatitis C disease. Follow up in the ER for acute symptoms. Advised to quit smoking, alcohol, and substance abuse.

Regular diet.

Activity as tolerated. Advised not to drive under the influence of alcohol, drugs or when sleepy.

DISCHARGE MEDICATIONS:

1. Neosporin cintment to both palmar wounds every 12 hours for 7 days.
2. Tylenol 500 mg by mouth every 8 hours as needed pain for 5 days.

Please see detailed discharge orders, instructions, and prescriptions.

Total time spent coordinating care and discharge today is 35 minutes. The patient and the wife had lots of questions which I answered.

SAL LAKSHMI-NARAYANAN, MD

04/07/2014 01:41 PM
04/07/2014 02:21 PM NTS
Job: 1011915

CC: SAL LAKSHMI-NARAYANAN, MD

Authenticated by Sal Lakshmi-Narayanan, MD On 04/28/2014 11:52:27 AM

PRESBYTERIAN
Healthcare Services

LUJAN, MIGUEL

Consultation

MRN: 000151439 DOB: [REDACTED] GENDER: M
Admit: 04/03/2014
DOS: 04/03/2014

Dictation ID
1327141

Report of: MIGUEL ITURREGUI, MD

CONSULTATION REQUESTED BY:
Sal Lakshmi-Narayanan, MD

CHIEF COMPLAINT:
Cardiac arrest.

HISTORY OF PRESENT ILLNESS:

The history is obtained from the chart as the patient is currently intubated and sedated. There is no family at the bedside. Briefly, the patient is a 26-year-old male while in drug induced rage he had an altercation with police. He was tased and subsequently had cardiac arrest. He was brought in to our emergency room where he was intubated for agitation.

PAST MEDICAL HISTORY:
Remarkable for hepatitis C and for childhood asthma.

REVIEW OF SYSTEMS:

Positive for cocaine, positive for smoking, positive for ETOH, positive for heroin.

REVIEW OF SYSTEMS:

Not obtainable as the patient is intubated and sedated.

ALLERGIES:

There are no known drug allergies but again this information is obtained from the chart.

MEDICATIONS AT HOME:
Suboxone.

PHYSICAL EXAMINATION:

VITAL SIGNS: Heart rate is in the 70s. Oxygen saturation is 100%. Blood pressure is 104/48, respiratory rate is 18.

GENERAL: The patient is intubated and sedated.

HEENT: His pupils are equal, small, and miotic, approximated to 2 mm.

NECK: Supple.

LUNGS: Clear to auscultation.

HEART: Regular. There is no crepitance in the chest.

ABDOMEN: Soft. He does not express any pain to palpation of the abdomen.

SKIN: He has multiple abrasions throughout his body. He has a small open wound on the palm of his hand. He has a small abrasion in between his second and third finger and his 4th and 5th digits. He has multiple marks over his skin that are presumably from injecting heroin. The perineum looks intact.

BACK: His back looks intact and he has stepoffs on his vertebrae.

INVESTIGATIONS:

While he has been here in the hospital include a CK of 682 and lactic acid of 22, white blood cell count is 21, a hemoglobin of 14, creatinine is 1.9. Liver

function tests are remarkable for an AST of 200 and an ALT of 200. The urine had trace amounts of blood. Tox screen was positive for methamphetamines, amphetamines Suboxone, and cocaine. INR was 1.24. Alcohol was 155. Chest x-ray was unremarkable. CT scan of the abdomen showed no evidence of acute injury. CT of the maxillofacial area is consistent with a nasal bone fracture. CT scan of the C-spine was negative, but it was limited by motion artifact. X-ray of the right hand revealed soft tissue swelling.

IMPRESSION:

No acute surgical issues.

PLAN:

Please reconsult if needed. I have ordered an x-ray of the left hand to rule out a fracture in that extremity. I have discussed my thoughts with Dr. Narayanan.

MIGUEL ITURREGUI, MD

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Job: 1008734

cc: MIGUEL ITURREGUI, MD
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